Office of Senator Jeff Sessions Application for Internship

Please complete and return by February 2 to:

Senator Jeff Sessions
Intern Program
United States Senate
335 Russell Building
Washington, DC 20510-0104

Name:	
Age: Date of Birth:	Social Security Number:
Permanent Address:	
Home Telephone:	
Current Telephone:E	-mail Address:
College or University Attending:	
Current Academic Status (Fr., Soph., Jr., S	r.):
Academic Major:	GPA:
Advisor's name and daytime telephone:	
	hip? *If yes, no stipend will be received
Have you applied for a intern position with	our office in pervious years?
If so what year?	
Desired Summer Internship Session: (please May 17- June 11 June 14- July 9 July 12- August 6	e indicate 1st, 2nd, and 3rd choice)
	onal Offices (House or Senate), or with an y:
Parents/ Guardian:	
(Please list the first names of both parents if applicable)	
Father's name and address:	

Occupation:	Daytime phone:	
Mother's name and addr	·ess:	
	Daytime phone:	
attention to during your	the Senate or government that you vinternship:	
	ATION: schools attended, beginning wi	
School	<u>Address</u>	Dates Attended
OCCUPATIONAL INFO	DRMATION : job or volunteer experien	nce, beginning with most recent
List Three References (In	nclude address and phone #):	
	A ONE-PAGE ESSAY DETAILIN PPOINTMENT TO THIS INTERN	
If selected, I hereby agreemployees and the office	e to abide by the rules and regulation of Senator Jeff Sessions.	ns for congressional
Signature of Applicant _	Dat	te